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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CANADA	SHEETS DRAWINGS 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No		Initials			

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## TITLE

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